



Connecticut Department of Public Health

Testimony Presented Before the Appropriations and Public Health Committees

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Preventive Health and Health Services and Maternal and Child Health Services Block Grants

Good morning, my name is Dr. Jewel Mullen, and I am Commissioner of the Department of Public Health. I am here to present the Department's proposed FFY 2015 Allocation Plans for the Preventive Health and Health Services Block Grant and the Maternal and Child Health Services Block Grant.

The Preventive Health and Health Services Block Grant (PHHSBG) was established by Congress in 1981 to replace funds previously allocated to states through six separate categorical grants. The Block Grant supports the provision of a variety of public health services designed to reduce preventable morbidity and mortality, and to improve the health status of targeted populations. The criterion for use of PHHSBG funds has remained constant over the years. A major use of the PHHSBG is to support initiatives that are consistent with achieving the *Healthy People Objectives*. These national, science-based objectives span ten years and are aimed at improving the health of all Americans.

As in each of the past three years, President Obama eliminated PHHSBG funds in his FFY 2015 budget request to Congress. Each year, Congress has taken action to ensure that Block Grant funding is restored. Therefore, the proposed Allocation Plan assumes base FFY 2015 funding for Connecticut that is equivalent to the original FFY 2014 funding level of \$952,451.

The proposed Allocation Plan reflects funding in addition to the anticipated FFY 2015 base award. In April 2014, the Department was notified by the Centers for Disease Control and Prevention (CDC) that states would receive supplemental funding for FFY 2014. Connecticut was initially informed that supplemental funds, in the amount of \$1,210,037, would be allocated upon submission of a formal application. The Department submitted its application on July 1, 2014, and was notified by the CDC on August 25th that Connecticut will receive \$1,289,951 in FFY 2014 supplemental funds, or \$79,914 more than initially anticipated. The supplemental funds will become available for use on October 1, 2014, the beginning of Federal FY 2015.

The FFY 2015 PHHSBG Allocation Plan as submitted combines FFY 2015 funding of \$952,451 with the initially anticipated FFY 2014 supplemental funds of \$1,210,037, bringing total assumed available FFY 2015 funding to \$2,162,488. In light of the increased supplemental award, we now are able to indicate that funding available for utilization in FFY 2015 will be \$2,242,402. The Department intends

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to allocate the additional funds to the Cancer and Surveillance program categories. Specifically, \$24,000 allocated to the Cancer category will restore this line item to level funding and address health disparities; and the remaining \$55,914 allocated to the Surveillance program will be used to evaluate the state's Tobacco Control and Prevention Program Initiatives. I respectfully request that you approve the PHHSBG Allocation Plan with an amendment to reflect the utilization of these additional funds as proposed.

Overall the PHHSBG health priorities and program categories for FFY 2015 remain the same as in FFY 2014, with the following exceptions:

- 1) Emergency Medical Services will receive reduced funding as compared to FFY 2014 levels because previously funded workforce development trainings were one-time occurrences;
- 2) Increased funding to local health departments will be used to address specific community health priorities including cancer, diabetes, cardiovascular disease, obesity, healthy homes and schools, etc.; and
- 3) Intimate Partner Violence funding will be eliminated for FFY 2015. This program targeted incarcerated women at the York Correctional Institute, soon-to-be released women, and women recently released from York and living in halfway houses. Evaluation of the program's current and past year's performance demonstrated extremely minimal success and outcomes, and indicated that the program is not cost effective.

Supplemental funding will be used in part to increase support for the Cardiovascular program category, and will enhance the Department's work with large health systems to promote blood pressure self-monitoring programs. Funds will also be used to support 5.5 full-time employees (FTEs). These FTEs are critical to meeting the goals and objectives necessary for the Department to achieve first-time accreditation from the national Public Health Accreditation Board. Currently, only five state health departments have achieved accreditation status. In addition, these positions will assist in meeting the requirements of our federal funding agencies. As supplemental funding may be a one-time occurrence, the positions added will be either durational in nature or will be transferred to other available funding sources at the end of FFY 2015. They include:

- 1) A half-time registered dietician to assist in meeting new nutrition-related goals and objectives to address all chronic diseases;
- 2) Three full-time positions to assist with developing and organizing agency activities and documentation toward meeting national accreditation standards for state governmental public health agencies; and,
- 3) Two full-time positions to assist in meeting new surveillance and evaluation goals and objectives necessary to meet existing grant requirements and to support development of new grants.

Should an increase or reduction occur in FFY 2015 funding levels after the federal budget is finalized, the Department's contingency plan would involve reviewing such changes with the Preventive Health

and Health Services Block Grant Advisory Committee and modifying allocations in accordance with Committee recommendations

Regarding the Maternal and Child Health Services Block Grant (MCHBG) Allocation Plan, the MCHBG promotes the development of service systems in states to meet critical challenges in:

- reducing infant mortality;
- providing and ensuring access to comprehensive care for women;
- promoting the health of children by providing preventive and primary care services;
- increasing the number of children who receive health assessments and treatment services; and
- providing family centered, community based, coordinated services for children and youth with special health needs (CYSHCN).

Per federal requirements, at least 30 percent of funds must be used for prevention and primary care services, and at least 30 percent must be used for children and youth with special health needs. There are a number of other administrative requirements that are referenced in the Allocation Plan. The Department is in compliance with all Block Grant requirements.

A variety of services are provided with MCHBG funds that meet the objectives as outlined in the Allocation Plan. These include case management services for pregnant women, MCH information and referral services (2-1-1), family planning, oral health, school-based primary and behavioral health, infant health and well-being, newborn screening, and medical homes for children and youth with special health care needs.

I should note that beginning in FFY 2015, the State Healthy Start program will not be funded with MCHBG funds. In FFY 2014, the Department was able to support the State Healthy Start program because there was a substantial amount of carry forward funds available. The rationale for selecting this program for a change in allocation is two-fold: 1) the State Healthy Start program provides similar services to other programs administered by DPH (including other MCHBG-funded programs and the Federal Healthy Start grant funded programs), and 2) MCHBG funds are only a portion of the funds that the State Healthy Start program receives and the program will continue in the absence of MCHBG funding.

The MCHBG has a proposed FFY 2015 budget of \$4,692,363, which includes an estimated federal allocation of \$4,549,998 plus an estimated carry forward from FFY 2013 of \$142,365.

The proposed Allocation Plan incorporates precautionary measures in the event that the actual FFY 2015 federal award amount is decreased. Unobligated carry forward funds would be used to minimize the impact of any reduction upon community-based programs so as to mitigate any impact upon services to clients.

Thank you for your consideration of these Allocation Plans. If you have any questions, agency staff and I will be happy to answer them.

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